CITY OF BARABOO
RENTER-OCCUPIED REHABILITATION PROGRAM

Your tenant(s) must income qualify for the program and there must be enough equity in the home to complete all the repairs. If you have questions regarding your available equity, please contact us prior to submitting the application.

For office use only:
APPLICATION NUMBER: _____ DATE: _____

OWNER'S NAME(S)_____

ADDRESS (property to be rehabilitated): _____

OWNER'S ADDRESS: _____

OWNER'S TELEPHONE NUMBER _____

OWNER'S EMAIL ADDRESS: _____

NUMBER OF APARTMENTS IN THE HOUSE: Current: ____ Proposed: _____

NAMES OF ALL OWNERS AS THEY APPEAR ON THE DEED:

_____

_____

DATE PROPERTY ACQUIRED: _____

AGE OF STRUCTURE: _____

CURRENT OCCUPANCY:
Vacant **(V)**, Rented **(R)**, or Owner-occupied **(O)**

Apartment 1	Apartment 2	Apartment 3	Apartment 4

What Improvements do you most want on your property?

Apartment #1	
Apartment #2	
Apartment #3	
Apartment #4	
Interior Common Areas	
Exterior	

IMPROVEMENTS NEEDED (Check all that apply)

☐	Roof	☐	Insulation	☐	Interior Walls
☐	Exterior/Siding/Painting	☐	Furnace	☐	Water Heater
☐	Plumbing	☐	Foundation	☐	Doors
☐	Wiring/Electrical	☐	Windows	☐	Porch
☐	Chimney Repair	☐	Other (explain)		

****Only work that is considered essential and necessary will be permitted. All Lead Based Paint Hazards will need to be corrected. Hazards will be determined upon an initial project assessment of your entire home. All Lead Based Paint hazard repair costs will be granted and will not be included in your loan.**

	Apt #1	Apt #2	Apt #3	Apt #4
Monthly Rent				
Utilities Included – Yes/No				
Number of People				
Number of Bedrooms				

Complete the information below for all rented units.

Apartment #1	**Apartment #2**
Name:	Name:
Mailing address:	Mailing address:
City, State, Zip:	City, State, Zip:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Email address:	Email address:

Apartment #3	**Apartment #4**
Name:	Name:
Mailing address:	Mailing address:
City, State, Zip	City, State, Zip:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Email address:	Email address:

I have received a copy of the pamphlet "Protect Your Family From Lead In Your Home" with this application.

YES_____ NO_____ (please check one)

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
____YES _____NO (YOU MUST CHECK ONE)

LIST ALL DEBT AGAINST PROPERTY (Example: Mortgages, Land Contract, Lines of Credit, Judgments)

Name of Lender	Loan Number	Original Amount	Balance Due	Term (# of years)	Interest Rate	Type of Loan (WHEDA, VA, Land Contract, Bank, etc.)

**If your home was purchased within the last year, please attach a copy of your appraisal.

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

Address of agent: _____

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE. Read and initial statements below:

____ I understand the Housing Rehab funds are offered as a loan payable in monthly installment payments or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note and there is no pre-payment penalty.

____ I understand the City of Baraboo will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, the City of Baraboo reserves the right to deny funding. Program funds cannot be used to reimburse for work already completed.

____ I understand I must carry homeowner's insurance on the property and keep the policy in force during the life of the loan. I also understand that I am required to supply proof of insurance annually, any changes in insurance, and confirm annually that this is my primary residence.

____I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.

____ Failure to comply with these conditions could result in the withdrawal of the City of Baraboo participation or the recall of the full amount of the City of Baraboo loan plus interest.

____ I understand there is a $50 - $100 fee for a title search, a $30 fee to record your mortgage and $525 in project review fees. These fees are included in the loan.

____ I understand if a loan closing has not been done for my project within 12 months of the income verification, my tenant(s) income will need to be re-verified to ensure they still income qualify.

____ I understand that if the awarded bid is $50,000 or more, my project will need approval from the Department of Administration.

APPEAL PROCESS

Any applicant may appeal the decision of the CDBG Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request to the Program Administrator. If the applicant appeals the Program Administrator's decision, the CDBG Housing Committee will review the appeal. If the applicant would like to appeal the CDBG Housing Committee's decision, the applicant may appeal to DOA/DEHCR. DOA/DEHCR will review for consideration and a written response will follow to the applicant. DOA/DEHCR's determination on the appeal is final.

CONFLICT OF INTEREST

Do you have any family or business ties to any of the following people? Yes____ No____

Mike Palm, Mayor	Ed Geick, City Administrator
Brenda Zeman, Clerk	Patrick Cannon, CDA Executive Director
Ruth Browning, CDA Compliance Officer	Sara Bryfcznski, CDA Housing Manager
Brad Philabaum, CDA Maintenance	Carolyn Wastlund, CDA Committee Chair
Joan Fordham, CDA Committee Vice-Chair	Stuart Koehler, CDA Committee Treasurer
Cliff Bobholz, CDA Committee Citizen Member	Heather Kierzek, CDA Committee Council Member
Joel Petty, CDA Committee Council Member	Dean Skare, CDA Committee Resident Member
Kari Justmann, Housing Team Leader	Sue Koehn, Housing Program Specialist
Stacy Griswold, Housing Program Assistant	
If yes, disclose the nature of the relationship:	
Name(s) of covered person	

Please attach copies of the following:

1. Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments.

2. A copy of your most recent property tax bill or a recent appraisal.

3. Copy of your homeowner's insurance policy.

I certify that the above information is true and correct to the best of my knowledge. I authorize the CDBG Program and its agents to contact any of the sources identified to confirm the above information. I understand that, except as authorized in this paragraph, the CDBG Program will keep all information contained in this application strictly confidential and will not release it to any other party without my written permission.

I/We authorize a Lead Hazard Review of my/our property. I/We agree that results will be used to determine the scope of my project and that soil sampling will not take place.

No provision of marital property agreement (including a Statutory Individual Property Agreement Pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time of obligation is incurred.

Signature: _____ Date: _____

Signature: _____ Date: _____

Return Application to ➔

City of Baraboo
CDBG Housing Program
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: skoehn@msa-ps.com